

L16000060758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

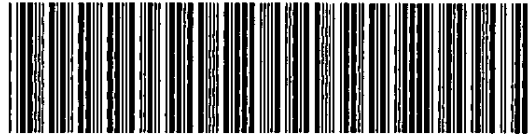
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/22/16--01028--023 **155.00

FILED
16 MAR 22 PM 2:20

STATE OF ARIZONA
CLERK OF SUPERIOR COURT

03/29/16

Law Office of
KRISTIN GENTILE WHITE, P.C.

March 16, 2016

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Housekens, LLC.

Dear Division of Corporations:

I attached the completed Articles of Organization for Housekens, LLC.

Please send all correspondence to:

Law Office of Kristin Gentile White,
3336 East Chandler Heights Road,
Suite #117
Gilbert, Arizona 85298

Or you can reach my office at 480-855-4066 if you should have any questions.

Let us know if you need any further information to process this request.

Sincerely,



Kristin Gentile White
Attorney at Law

enclosures

RECEIVED
16 MAR 22 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOUSEKENS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

70 RIVER TRAIL DRIVE

PALM COAST, FL

32137

70 RIVER TRAIL DRIVE

PALM COAST, FL

32137

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

FREDERICUS HUIJSKENS

Name

70 RIVER TRAIL DRIVE

Florida street address (P.O. Box **NOT** acceptable)

PALM COAST,

FL

32137

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 MAR 22 PM 2:20

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

ARTICLE IV:

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

FREDERICUS HUIJSKENS

70 RIVER TRAIL DRIVE

PALM COAST, FL 32137

AMBR

FREDERICUS HUIJSKENS

70 RIVER TRAIL DRIVE

PALM COAST, FL 32137

(Use attachment if necessary)

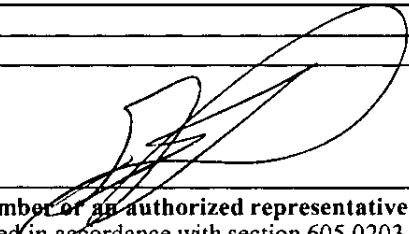
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

FREDERICUS HUIJSKENS

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)